

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Alzheimers Impact Movement Political Action Committee

ADDRESS (number and street) ▼

225 N Michigan Ave Suite 1700

☐ Check if different than previously reported. (ACC)

Chicago

IL

60601

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00486928

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Robert Thomas

Signature of Treasurer

Robert Thomas

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Alzheimers Impact Movement Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		99253.69
(b) Cash on Hand at Beginning of Reporting Period.....	99253.69	
(c) Total Receipts (from Line 19)	158951.27	158951.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	258204.96	258204.96
7. Total Disbursements (from Line 31)	71586.19	71586.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	186618.77	186618.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Alzheimers Impact Movement Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2013

To:

M M / D D / Y Y Y Y
06 / 30 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

155850.00

155850.00

(ii) Unitemized

450.00

450.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

156300.00

156300.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

156300.00

156300.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

2651.27

2651.27

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ▶

158951.27

158951.27

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

158951.27

158951.27

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2586.19	2586.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2586.19	2586.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69000.00	69000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	71586.19	71586.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71586.19	71586.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	156300.00	156300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	156300.00	156300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2586.19	2586.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2651.27	2651.27
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-65.08	-65.08

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F3XN

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen Benson

Mailing Address 239 N. Ridgewood Drive

City State Zip Code
 Wichita KS 67208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 27 / 2013

Transaction ID : A2013-523288

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert T Bodkin

Mailing Address 20 NW 4th Street
 P.O. Box 657

City State Zip Code
 Evansville IN 47704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Bamberger, Foreman, Oswald, Hahn LLP

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : A2013-523278

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Bill Buechele

Mailing Address 2340 Winton Ter W

City State Zip Code
 Fort Worth TX 76109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Deloitte & Touche LLP

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 27 / 2013

Transaction ID : A2013-3451606

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Andy M Cahn III

Mailing Address 8 Thornewood Road

City State Zip Code
 Armonk NY 10504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 14 2013

Transaction ID : A2013-797477

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Laurel M Coleman

Mailing Address 78 Loon Point Road

City State Zip Code
 Manchester ME 04351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Maine Medical Center Geriatrics Divisi

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 02 2013

Transaction ID : A2013-3451599

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Connie Cope

Mailing Address 5240 E. Pine Street

City State Zip Code
 Tulsa OK 74115-5328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 20 2013

Transaction ID : A2013-797479

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeff Cope

Mailing Address 5240 E. Pine Street

City

Tulsa

State

OK

Zip Code

74115-5328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tulco Oil

Occupation

Owner

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2013

Transaction ID : A2013-797478

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Cathy L Edge

Mailing Address 12256 Leighton Drive

City

Caledonia

State

IL

Zip Code

61011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2013

Transaction ID : A2013-797480

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Leslie Egge

Mailing Address 3110 Olin Drive

City

Falls Church

State

VA

Zip Code

22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : A2013-523281

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

12000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 10 OF 36
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert Egge

Mailing Address 3110 Olin Drive

City State Zip Code
 Falls Church VA 22044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alzheimer's Association

Occupation

VP Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 27 / 2013

Transaction ID : A2013-523279

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Jack A Faer

Mailing Address 26 Rice Street

City State Zip Code
 Newton Center MA 02459

FEC ID number of contributing
federal political committee.

C

Name of Employer

State Street Corp

Occupation

SVP Of Operational Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 27 / 2013

Transaction ID : A2013-523290

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Matthew Furman

Mailing Address 255 W. 84th Street

City State Zip Code
 New York NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2013

Transaction ID : A2013-3451598

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Garrett

Mailing Address 290 Powder Point Avenue

City State Zip Code
Duxbury MA 02332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Volta Oil Company, Inc.

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2013

Transaction ID : A2013-797481

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Angela Geiger

Mailing Address 5 N Wabash Ave
Apt 901

City State Zip Code
Chicago IL 60602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alzheimer's Association

Occupation
Chief Strategy Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : A2013-209625

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Richard Geiger

Mailing Address 5 N Wabash Ave
#901

City State Zip Code
Chicago IL 60602-4734

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alzheimers Impact Movement

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : A2013-209626

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David Goltermann

Mailing Address 5540 McDermott Drive

City State Zip Code
Berkeley IL 60163

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2013

Transaction ID : A2013-3358681

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mrs. Elizabeth Goltermann

Mailing Address 746 Chidester Avenue

City State Zip Code
Glen Ellyn IL 60137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2013

Transaction ID : A2013-3358682

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Daneen Jachino

Mailing Address 2650 N. Lakeview Ave
#2109

City State Zip Code
Chicago IL 60614-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kirkland & Ellis LLP

Mergers/Acquisitions Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : A2013-523289

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry Jodsaas

Mailing Address 34 Kenwood Parkway

City State Zip Code
 Saint Paul MN 55105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / 04 / 2013

Transaction ID : A2013-3358683

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Harry Johns

Mailing Address 420 E. Waterside Drive
 Unit 1901

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Alzheimer's Association

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

01 / 10 / 2013

Transaction ID : A2013-209624

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JACQUELINE S KOURI

Mailing Address 7909 SOUTH FULTON AVENUE

City State Zip Code
 TULSA OK 74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 20 / 2013

Transaction ID : A2013-797484

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. CINDY LANGENFELD

Mailing Address 420 E. WATERSIDE DRIVE
UNIT 1901

City State Zip Code
CHICAGO IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 10 / 2013

Transaction ID : A2013-209623

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. David R Lawson

Mailing Address 5628 Bent Creek Trail

City State Zip Code
Dallas TX 75252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2013

Transaction ID : A2013-3425310

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Mrs. Leslie Lawson

Mailing Address 5821 South Indianapolis Avenue

City State Zip Code
Tulsa OK 74135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 09 / 2013

Transaction ID : A2013-3430937

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROBERT F MARINO

Mailing Address 9225 EAGLE VIEW DRIVE

City State Zip Code
 LAFAYETTE HILL PA 19444

FEC ID number of contributing
federal political committee.

C

Name of Employer

RFM Development

Occupation

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 07 / 2013

Transaction ID : A2013-797475

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Gary Paxton

Mailing Address 7909 South Fulton Avenue

City State Zip Code
 Tulsa OK 74136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 20 / 2013

Transaction ID : A2013-797483

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Erin Peters

Mailing Address 2118 E 32nd Street

City State Zip Code
 Tulsa OH 74105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2013

Transaction ID : A2013-3451600

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John Peters

Mailing Address 2118 E 32nd Street

City State Zip Code
Tulsa OK 74105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Cintas

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2013

Transaction ID : A2013-3451601

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Patrick J Peyton

Mailing Address 800 South Pointe Drive #1603

City State Zip Code
Miami Beach FL 33139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Alzheimers Impact Movement

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : A2013-523275

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Vatine Peyton

Mailing Address 800 South Pointe Drive #1603

City State Zip Code
Miami Beach FL 33139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Alzheimers Impact Movement

Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2013

Transaction ID : A2013-523277

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stewart C Putnam

Mailing Address 10 Monteroy Road

City State Zip Code
 Rochester NY 14618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unity Hospital

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 27 2013

Transaction ID : A2013-523294

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bettylu K Saltzman

Mailing Address 415 E North Water St
 #605

City State Zip Code
 Chicago IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 27 2013

Transaction ID : A2013-797488

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Paul Saltzman

Mailing Address 415 E North Water St
 #605

City State Zip Code
 Chicago IL 60611

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 27 2013

Transaction ID : A2013-797487

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 36
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mrs. Dana Sampson

Mailing Address 11308 Nogales Lane

City State Zip Code
 Frisco TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 20 / 2013

Transaction ID : A2013-797486

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. GERALD A SAMPSON

Mailing Address 11308 NOGALES LANE

City State Zip Code
 FRISCO TX 75034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 20 / 2013

Transaction ID : A2013-797485

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Darlene Shiley

Mailing Address P.O. Box 207

City State Zip Code
 Pauma Valley CA 61011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Shiley Foundation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2013

Transaction ID : A2013-3358684

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mrs. Elizabeth Stearns

Mailing Address 427 12th Street

City State Zip Code
 Santa Monica CA 90402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

None

None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 09 / 2013

Transaction ID : A2013-3451602

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JILL THOMAS

Mailing Address 2251 E 39TH STREET

City State Zip Code
 TULSA OK 74105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 25 / 2013

Transaction ID : A2013-209627

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ROBERT THOMAS

Mailing Address 2251 E 39TH STREET

City State Zip Code
 TULSA OK 74105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Senior Star Living

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 25 / 2013

Transaction ID : A2013-209628

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. WILLIAM F THOMAS

Mailing Address 1249 EAST 26TH STREET

City State Zip Code
TULSA OK 74114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Senior Star Living

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : A2013-523295

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. TENNY H TSAI-ENG

Mailing Address 2152 Garden Terrace

City State Zip Code
Mountain View CA 94040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2013

Transaction ID : A2013-3451604

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Alan Vidinsky

Mailing Address 2635 Broderick Street

City State Zip Code
San Francisco CA 94123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 18 / 2013

Transaction ID : A2013-3358685

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joanne K Vidinsky

Mailing Address 2635 Broderick Street

City

San Francisco

State

CA

Zip Code

94123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2013

Transaction ID : A2013-3358686

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

155850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alzheimer's Impact Movement (AIM)

Mailing Address 225 N. Michigan Ave Suite 1700

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2013

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.80

Date of Receipt

M M / D D / Y Y Y Y Y
 03 21 2013

Transaction ID : A2013-9703

Amount of Each Receipt this Period

650.80

Offsets to Oper. Exp

Refund of credit card fees.

Full Name (Last, First, Middle Initial)

B. Alzheimer's Impact Movement (AIM)

Mailing Address 225 N. Michigan Ave Suite 1700

City State Zip Code
 Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2013

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2651.27

Date of Receipt

M M / D D / Y Y Y Y Y
 05 31 2013

Transaction ID : A2013-9869

Amount of Each Receipt this Period

2000.47

Offsets to Oper. Exp

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2651.27

2651.27

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 South LaSalle Street

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: IL District:

Disbursement For: 2013

☐ Primary ☐ General☒ Other (specify) ▼
Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 10 / 2013
Transaction ID : B447919

Amount of Each Disbursement this Period

130.16

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 South LaSalle Street

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: IL District:

Disbursement For: 2013

☐ Primary ☐ General☒ Other (specify) ▼
Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 10 / 2013
Transaction ID : B447920

Amount of Each Disbursement this Period

130.16

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 South LaSalle Street

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: IL District:

Disbursement For: 2013

☐ Primary ☐ General☒ Other (specify) ▼
Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 10 / 2013
Transaction ID : B447921

Amount of Each Disbursement this Period

130.16

Credit Card Processing Fee

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

390.48

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 South LaSalle Street

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District:

Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 25 2013
Transaction ID : B447922

Amount of Each Disbursement this Period

130.16

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 South LaSalle Street

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District:

Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 27 2013
Transaction ID : B450196

Amount of Each Disbursement this Period

540.39

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 South LaSalle Street

City Chicago State IL Zip Code 60675

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District:

Not Applicable

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 27 2013
Transaction ID : B452411

Amount of Each Disbursement this Period

1365.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2035.55

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 South LaSalle Street

City	State	Zip Code
Chicago	IL	60675

Purpose of Disbursement
Stop Payment Fee - Bank Service Charge

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District:

Disbursement For: 2013

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2013

Transaction ID : B458664

Amount of Each Disbursement this Period

30.00

Stop Payment Fee - Bank Service Charge

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00

2456.03

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara Lee for Congress

Mailing Address 449 15th St NW Suite 403

City	State	Zip Code
Oakland	CA	94612

Purpose of Disbursement
Contribution

011

Candidate Name

Barbara LeeCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Transaction ID : B425317

Amount of Each Disbursement this Period

-1500.00

Voided: Original check dated 06/01/2012

Full Name (Last, First, Middle Initial)

B. PAC To The Future

Mailing Address 700 13th Street NW #600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Not Applicable

State: CA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Transaction ID : B457366

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Bennet for Colorado

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement
Contribution

011

Candidate Name

Michael BennetCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : B452967

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bennet for Colorado

Mailing Address PO Box 3078

City	State	Zip Code
Denver	CO	80201

Purpose of Disbursement
Contribution

011

Candidate Name

Michael BennetCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : B452963

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Gingrey for Congress

Mailing Address PO Box U

City	State	Zip Code
Marietta	GA	30060

Purpose of Disbursement
Contribution

011

Candidate Name

J. P Gingrey MDCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : B450692

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Georgians for Isakson

Mailing Address P.O Box 250116

City	State	Zip Code
Atlanta	GA	30325

Purpose of Disbursement
Contribution

011

Candidate Name

Johnny IsaksonCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : B450688

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Georgians for Isakson

Mailing Address P.O Box 250116

City Atlanta	State GA	Zip Code 30325
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Johnny IsaksonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : B450689

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines	State IA	Zip Code 50304
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Charles E GrassleyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2013

Transaction ID : B435696

Amount of Each Disbursement this Period

-1500.00

Voided: Original check dated 09/11/2012

Full Name (Last, First, Middle Initial)

C. Iowans for Latham

Mailing Address PO Box 8237

City Des Moines	State IA	Zip Code 50301
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Tom LathamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2013

Transaction ID : B457365

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Cmte

Mailing Address P.O. Box 713

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Peter J Roskam

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 06

Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Transaction ID : B425308

Amount of Each Disbursement this Period

-1500.00

Voided: Original check dated 06/01/2012

Full Name (Last, First, Middle Initial)

B. Schock for Congress

Mailing Address PO Box 10555

City Peoria	State IL	Zip Code 61612
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Purpose of Disbursement
Contribution

Candidate Name

Aaron Schock

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 18

Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Transaction ID : B425304

Amount of Each Disbursement this Period

-1500.00

Voided: Original check dated 06/06/2012

Full Name (Last, First, Middle Initial)

C. Moran for Kansas

Mailing Address PO Box 1151

City Hays	State KS	Zip Code 67601
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Purpose of Disbursement
Contribution

Candidate Name

Jerry Moran

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: KS	District:

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : B450693

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pat Roberts for U S Senate Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Mailing Address PO Box 433

City	State	Zip Code
Great Bend	KS	67530

Transaction ID : B450694Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Pat RobertsCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District:

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Mailing Address 220 1/2 E St. NE

City	State	Zip Code
Washington	DC	20002

Transaction ID : B450698Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: KY

District:

Not Applicable

Full Name (Last, First, Middle Initial)

C. Hoyer for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Mailing Address 4201 Northview Drive Ste 307

City	State	Zip Code
Bowie	MD	20716

Transaction ID : B425319Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

-5000.00

Candidate Name

Steny H HoyerCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD

District: 05

Voided: Original check dated 06/01/2012

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue Suite 100

City Midland	State MI	Zip Code 48640
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Purpose of Disbursement
Contribution

011

Candidate Name

Dave CampCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : B450696

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Rogers for Congress

Mailing Address PO Box 581

City Brighton	State MI	Zip Code 48116
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Mike J RogersCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : B450695

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Mailing Address P.O. Box 490

City St. Joseph	State MI	Zip Code 49085
--------------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Frederick S UptonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Transaction ID : B457369

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Erik Paulsen

Mailing Address P.O. Box 44369 250 Prairie Center

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement
Contribution

011

Candidate Name

Erik PaulsenCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Transaction ID : B425315

Amount of Each Disbursement this Period

-2500.00

Voided: Original check dated 06/01/2012

Full Name (Last, First, Middle Initial)

B. Friends of Erik Paulsen

Mailing Address P.O. Box 44369 250 Prairie Center

City	State	Zip Code
Eden Prairie	MN	55344

Purpose of Disbursement
Contribution

011

Candidate Name

Erik PaulsenCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : B450691

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Glacier PAC

Mailing Address 3242 Cummins Way

City	State	Zip Code
Missoula	MT	59802

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2013
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: MT District: Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2013

Transaction ID : B455105

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. The Richard Burr Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Mailing Address Post Office Box 5928

City	State	Zip Code
Winston-salem	NC	27113

Transaction ID : B457360Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Richard BurrCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC

District:

Full Name (Last, First, Middle Initial)

B. Portman for Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Mailing Address 9856 Archer Lane

City	State	Zip Code
Dublin	OH	43017

Transaction ID : B450687Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Rob PortmanCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH

District:

Full Name (Last, First, Middle Initial)

C. Tim Scott For US Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Transaction ID : B457367Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Tim ScottCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: SC

District:

Special Primary

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of John Thune

Mailing Address PO Box 841

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
Contribution

011

Candidate Name

John ThuneCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2013

Transaction ID : B457368

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Alexander for Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution

011

Candidate Name

Lamar AlexanderCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	29	/	2013

Transaction ID : B450690

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Texans for Senator John Cornyn Inc

Mailing Address PO Box 13026

City	State	Zip Code
Austin	TX	78711

Purpose of Disbursement
Contribution

011

Candidate Name

John CornynCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	09	/	2013

Transaction ID : B452962

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Burgess for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
Contribution

011

Candidate Name

Michael C. BurgessCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID : B457359

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Mailing Address 120 Maryland Ave. NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Not Applicable

State: US District:

Transaction ID : B452964

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Mailing Address PO Box 900427

City	State	Zip Code
Sandy	UT	84090

Purpose of Disbursement
Contribution

011

Candidate Name

Orrin G HatchCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District:

Transaction ID : B450685

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Alzheimers Impact Movement Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tammy Baldwin for Senate

Mailing Address PO Box 696

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement
Contribution

011

Candidate Name

Tammy BaldwinCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2013

Transaction ID : B452965

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of John Barrasso

Mailing Address PO Box 52008

City	State	Zip Code
Casper	WY	82605

Purpose of Disbursement
Contribution

011

Candidate Name

John BarrassoCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2013

Transaction ID : B450697

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

69000.00